

Coles-Moultrie Electric Cooperative Power Plus Auto Bill Program

CMEC Acct #(s) _____

Customer Name _____

Mailing Address _____

Power Plus Statement Sent to Above Address () Yes () No

Visa Acct # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Expiration Date: Month ____ Year ____

I agree to pre-authorize CMEC to automatically bill my monthly power bill against my Co-op Power Plus Visa card, on or about the 6th of each month. I understand that I will receive a copy of my CMEC bill each month as a reference. I recognize that this Auto Bill program does not include typical credit card chargeback rights and procedures and that I will contact CMEC directly concerning billing disputes.

Signature _____

Printed name _____

Date _____